

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90268 023 \*\*\*\*50.00

**DOCUMENT # L01000009064**

1. Entity Name

**TRISTAR DEVELOPMENT GROUP, LLC**

Principal Place of Business

**420 LINCOLN ROAD  
 SUITE M1  
 MIAMI BEACH FL 33139**

Mailing Address

**420 LINCOLN ROAD  
 SUITE M1  
 MIAMI BEACH FL 33139**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 2877**

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**A.G.C. CO.  
 200 SOUTH ORANGE AVE.  
 SUNTRUST CENTER SUITE 2300  
 ORLANDO FL**

7. Name and Address of New Registered Agent

Name

**TY JAVELLANA**

Street Address (P.O. Box Number is Not Acceptable)

**1250 E. HWY. 1 Bch. Blvd. Ste. #405**

City

**HALLANDALE BEACH**

FL

Zip Code

**33009**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

**Ty Javellana**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/29/02**

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete  
 NAME **JAVELLANA, TY**  
 STREET ADDRESS **1250 E. HWY. 1 Bch. Blvd. #405**  
 CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: Ty Javellana**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
**4/29/02 954-454-7478**  
 Date Daytime Phone #

CR2E083 (9/01)